

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

10 530755

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		2			
4	2		2			
5	2		2			
6	10		1			
7	10		1			
8	10		1			
9	10		1			
10	10		1			
11	10		1			
12			1			
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	11	←		←	
TOTAL CLAIMS		12				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						